

EMPLOYER: You must complete this form if anyone will be acting on your behalf.

State of Montana
Department of Labor & Industry
Unemployment Insurance Contributions Bureau
PO Box 6339, Helena, MT 59604-6339
Telephone (406) 444-3834

Authorization Form

Employer Account Number _____ **Federal ID Number** _____

Owner/Officer/Partner Name _____

Doing Business As _____

Address _____

Telephone Number (_____) _____ Fax (_____) _____

Authorized Agent _____ **Federal ID Number** _____

Begin Authority As Of: _____ End Authority As Of: _____

Address _____

Telephone Number (_____) _____ Fax (_____) _____

Email Address _____ eService User/ Web Log-on Name _____

The above named agent is granted the following authorization(s) with respect to Montana Unemployment Insurance (UI) tax matters:

Authorization for above Agent to access my UI account information via UI eServices for Employers:

- ☐ Authorize access to my account using UI eServices for Employers.
Level of access: ☐ View Only ☐ File Only ☐ Pay Only ☐ File & Pay ☐ Full Access

NOTE: In order for the above agent to access your information online their Federal Id Number (FEIN) must be listed above.

Authorization for the Above Agent to: Check all that apply:

- ☐ Receive quarterly UI Tax reports, rate notices, monthly account statements, and other UI Tax related correspondence.
☐ Sign and file UI quarterly tax report.
☐ Provide, receive, and discuss UI Tax information, including but not limited to: experience rates, adjustments to your employer account, delinquent notices, reimbursement in lieu of contributions.
☐ Receive and discuss UI Benefit Charge Notices and Monthly Reimbursable Charge Notices.

Signature of Employer/Taxpayer:

I hereby certify the Montana Department of Labor & Industry, Unemployment Insurance Contributions Bureau is authorized to release to the above named authorized agent forms, correspondence or information with respect to unemployment insurance tax matters. I relieve the Department and their representatives of any liability related to release of such information to the above named authorized agent. I understand this authorization does not absolve me, as the employer/taxpayer, of the responsibility to ensure all tax returns are filed and all taxes paid on time. Any authorization granted remains in effect until the date indicated above or revoked in writing by the taxpayer or reporting agent.

The person signing must have actual legal authority to bind the business. Persons may include officer of a corporation, partner, managing member, owner, Chief Financial Officer, Chief Executive Officer, or a fiduciary of a trust or estate.

I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the employer.

Printed Name _____

Signature _____

Title _____ Date _____

Witness Printed Name _____ Signature _____ Date _____